



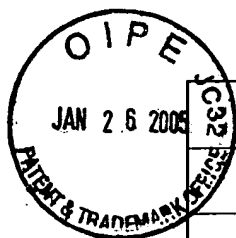
PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0651-0031  
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|   |                        |                 |
|---|------------------------|-----------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 09/856,336      |
|   | Filing Date            | August 20, 2001 |
|   | First Named Inventor   | Neil Butt       |
|   | Art Unit               | 1636            |
|   | Examiner Name          | M. Marvich      |
| Total Number of Pages in This Submission  | Attorney Docket Number | 55913(71745)    |

| ENCLOSURES (Check all that apply)  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page)<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply (22 pages)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (1 page)<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):<br>Supplemental Declaration and Power of Attorney (4 pages);<br>1449 Form and cited references; & return receipt postcard |
| Remarks  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                          |          |        |
|--|--------------------------|----------|--------|
| Firm Name                                  | EDWARDS & ANGELL, LLP    |          |        |
| Signature                                  |                          |          |        |
| Printed name                               | Kathryn A. Piffat, Ph.D. |          |        |
| Date                                       | January 26, 2005         | Reg. No. | 34,901 |

|   |                              |
|---|------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 517 916 262 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |                              |
| Dated: January 26, 2005   | Signature:  (Sharon Bizokas) |



# AMENDMENT TRANSMITTAL LETTER

Docket No.  
55913(71745)

Application No.  
09/856,336

Filing Date  
August 20, 2001

Examiner  
M. Marvich

Art Unit  
1636

Applicant(s): Neil J. Butt et al.

Invention: NUCLEIC ACID ISOLATION

## TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED  |                                  |                                |                             |      |                 |
|--|----------------------------------|--------------------------------|-----------------------------|------|-----------------|
|  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |                 |
| Total Claims   | 47                               | - 47 =                         |                             | x    |                 |
| Independent Claims   | 10                               | - 10 =                         |                             | x    |                 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |                                  |                                |                             |      |                 |
| Other fee (please specify): Extension for response within third month    |                                  |                                |                             |      | 1,020.00        |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                          |                                  |                                |                             |      | <b>1,020.00</b> |

- ☒ Large Entity ☐ Small Entity
- ☐ No additional fee is required for this amendment.
- ☒ Please charge Deposit Account No. 04-1105 in the amount of \$ 1,020.00.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

*Kathryn A. Pfaff, Ph.D.*  
Kathryn A. Pfaff, Ph.D.  
Attorney Reg. No.: 34,901

Dated: January 26, 2005

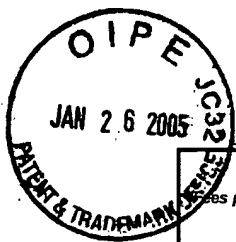
EDWARDS & ANGELL, LLP  
P.O. Box 55874  
Boston, Massachusetts 02205  
(617) 439-4444

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Dated: January 26, 2005

Signature: *Sharon Bizakas*

(Sharon Bizakas)



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

|   |                         |                          |                 |
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| <b>Effective on 12/08/2004.</b><br>Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |                         | <b>Complete if Known</b> |                 |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>  |                         | Application Number       | 09/856,336      |
|   |                         | Filing Date              | August 20, 2001 |
|   |                         | First Named Inventor     | Neil Butt       |
|   |                         | Examiner Name            | M. Marvich      |
|   |                         | Art Unit                 | 1636            |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                        | TOTAL AMOUNT OF PAYMENT | (\$)                     | 1,200.00        |
|   |                         | Attorney Docket No.      | 55913(71745)    |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: 04-1105   |
|   | Deposit Account Name: Edwards & Angell, LLP                                       |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                    |                              |   |                              |                                  |                              |                              |
|---|--------------------|------------------------------|---|------------------------------|----------------------------------|------------------------------|------------------------------|
| <b>FEE CALCULATION</b>  |                    |                              |   |                              |                                  |                              |                              |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                              |   |                              |                                  |                              |                              |
| <b>Application Type</b>   | <b>FILING FEES</b> |                              | <b>SEARCH FEES</b>                                      |                              | <b>EXAMINATION FEES</b>          |                              | <b>Fees Paid (\$)</b>        |
|   | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>   | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>                  | <b>Small Entity Fee (\$)</b> |                              |
| Utility   | 300                | 150                          | 500   | 250                          | 200                              | 100                          |                              |
| Design  | 200                | 100                          | 100   | 50                           | 130                              | 65                           |                              |
| Plant   | 200                | 100                          | 300   | 150                          | 160                              | 80                           |                              |
| Reissue   | 300                | 150                          | 500   | 250                          | 600                              | 300                          |                              |
| Provisional   | 200                | 100                          | 0   | 0                            | 0                                | 0                            |                              |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                              |   |                              |                                  |                              | <b>Small Entity Fee (\$)</b> |
| <b>Fee Description</b>  |                    |                              |   |                              |                                  |                              | <b>Fee (\$)</b>              |
| Each claim over 20 (including Reissues)   |                    |                              |   |                              |                                  |                              | 50                           |
| Each independent claim over 3 (including Reissues)  |                    |                              |   |                              |                                  |                              | 200                          |
| Multiple dependent claims   |                    |                              |   |                              |                                  |                              | 360                          |
| <b>Total Claims</b>   |                    | <b>Extra Claims</b>          | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>         | <b>Multiple Dependent Claims</b> |                              |                              |
| - 20 =  |                    | x                            | =   |                              | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>         |                              |
| <b>Indep. Claims</b>  |                    | <b>Extra Claims</b>          | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>         |                                  |                              |                              |
| - 3 =   |                    | x                            | =   |                              |                                  |                              |                              |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                              |   |                              |                                  |                              |                              |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                              |   |                              |                                  |                              |                              |
| <b>Total Sheets</b>   |                    | <b>Extra Sheets</b>          | <b>Number of each additional 50 or fraction thereof</b> |                              | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>         |                              |
| - 100 =   |                    | /50                          | (round up to a whole number) x                          |                              | =                                |                              |                              |
| <b>4. OTHER FEE(S)</b>  |                    |                              |   |                              |                                  |                              | <b>Fees Paid (\$)</b>        |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                              |   |                              |                                  |                              |                              |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month   |                    |                              |   |                              |                                  |                              | 1,020.00                     |
| 1806 Submission of an Information Disclosure Statement  |                    |                              |   |                              |                                  |                              | 180.00                       |

|                     |                          |                                   |                  |
|---------------------|--------------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                          |                                   |                  |
| Signature           |                          | Registration No. (Attorney/Agent) | 34,901           |
| Name (Print/Type)   | Kathryn A. Piffat, Ph.D. | Telephone                         | (617) 439-4444   |
|                     |                          | Date                              | January 26, 2005 |

|   |                              |
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| Dated: January 26, 2005   | Signature:  (Sharon Bizokas) |